CLAIMS CLUES

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AHCCCS TO PRESENT FEE FOR SERVICE PROVIDER INFORMATIONAL MEETINGS

AHCCCS staff will conduct Fee for Service Provider informational meeting in the Flagstaff area on **Tuesday, November 28th, 2006 at 1:00 pm.** The meeting will be held at Flagstaff Medical Center (conference room). Topics that will be covered include,

National Provider Identifier (NPI),
Medical Necessity; Length of stay/level of care,
Medical documentation,
Grievance process and
Fee For Service vs Contracted Health Plans

We will also have an "open question forum".

Additional meetings will be held in Yuma, Tucson and Phoenix at later dates. More information will be provided in later Claims Clues.

For additional information regarding this Flagstaff session, you may email kyra.westlake@azahcccs.gov.

PAPER REMITTANCE ADVICE TO BE DISCONTINUED FOR THOSE PROVIDERS THAT CURRENTLY RECEIVE AN ELECTRONIC REMITTANCE ADVICE

Effective December 1st, 2006, AHCCCS will discontinue printing the paper remittance advice for those providers that currently receive an electronic remittance advice. This means that providers who receive an electronic remittance advice, either directly from AHCCCS or from their vendor, will no longer receive a paper remittance advice in the US Mail. Providers who are currently testing the electronic remittance advice transaction will continue to receive both electronic and paper remittance advice for a 90 day testing period. Should you have questions regarding this upcoming change, you may contact the Division of Business and Finance at 602-471-4052.

RX AMERICA'S "FAX ON DEMAND" ANNOUNCEMENT

Effective immediately, Rx America's Prior Authorization forms for AHCCCS Fee for Service recipients (including I.H.S. recipients) can automatically be faxed to you by following these steps:

> Call 1-866-772-7737, anytime (24/7/365) and press option "2" (for AHCCCS Fee for Service (including I.H.S.)
>
> Enter your ten digit fax number (example 602-***-****)
>
> Press "1" to confirm your fax number and form selection

Your fax will automatically be sent within 10 minutes.
The fax service will make 3 attempts in 5 minute intervals before abandoning the fax delivery. The most common reasons for failure are busy signals and voice answers.

Feel free to use this service as often as you need. Hopefully, this will decrease any wait time you may have experienced in the past waiting for an agent to fax this form to you.

NPI: GET IT. SHARE IT. USE IT.

CMS has developed a Training package on NPI that will assist providers with self-education, as well as education of staff. This package is also useful to national and local medical societies for group presentations and training.

To view these modules, visit http://www.cms.hhs.gov/NationalProvIdentStand/04_education.asp#TopOfPage on the CMS NPI web page and find the "NPI Training Package" under the "Downloads".

As always, more information and education on the NPI can be found at CMS NPI page www.cms.hhs.gov/NationalProvIdentStand on the CMS website. Providers can apply for a NPI online at https://nppes.cms.hhs.gov or can call the NPI enumerator to request a paper application at 1-800-465-3203.

Getting an NPI is free – not having one can be costly

NATIONAL PROVIDER IDENTIFIER

Effective January 23, 2004, the final rule regarding the National Provider Identifier (NPI) was published. CMS started assigning NPI numbers to providers last May. ***AHCCCS will require the NPI number to be used as the healthcare provider identifier in all claim submissions starting in May 2007.***

AHCCCS has established an electronic mailbox for providers to forward a copy of their NPI notification via email. **This email address can only accept copies of the statement mailed to the provider from the NPI enumerator.** The AHCCCS provider ID number also needs to be included in the email for identification purposes. The email address is **NationalProviderID@azahcccs.gov.**

Other options for providers to submit a copy of their NPI number notification include mailing or faxing a copy of the enumerator statement. The provider's name and AHCCCS provider ID number must be written on the copy. This information can be mailed or faxed to:

AHCCCS
Provider Registration Unit
P O Box 25520
Phoenix, AZ 85002

FAX: (602) 256-1474

NPI numbers will also be accepted via written notification. Notification must include the AHCCCS provider's name, AHCCCS provider ID number, NPI number and signature of the provider or authorized signer.

AHCCCS is targeting January 1, 2007 as the optional claims and encounter submission date. ***Effective May 23, 2007, ALL claims and encounters must be submitted with NPI when submitted.***

Providers can obtain additional information about NPI at **www.cms.hhs.gov/hipaa/hipaa2.** This site contains Frequently Asked Questions and other information related to NPI and other HIPAA standards.

AHCCCS RATES UPDATED
EFFECTIVE 10/1/2006

Fee For Service **rates for Dental Services, Nursing Facilities (NF), Home and Community Based Services, Hospice and Transportation** effective for dates of service on or after October 1, 2006 have been updated for your reference on the AHCCCS website, at http://www.azahcccs.gov/RatesCodes.

If you have any questions or would like to receive a rate schedule via e-mail, contact Todd Schwarz at Todd.Schwarz@azahcccs.gov.

TRANSPORTATION PRIOR AUTHORIZATIONS

As a reminder, transportation prior authorization requests ***must match*** the I.H.S. referral received by prior authorization. If a transportation provider transports a member to a specific location, but later receives a referral form that indicates the member should have been transported elsewhere, AHCCCS will deny the claim in its entirety. We strongly suggest that transportation providers obtain the I.H.S. referral form ***prior*** to the transportation of any recipient to ensure payment.

Another note – Requests for Prior Authorization and/or referrals need to be submitted PRIOR to the date of transport. This policy has always been in effect and will be enforced. Please allow 24 – 48 hours for authorization numbers to be issued (for FFS I.H.S. members). You may also check the status of your Prior Authorization on-line at **https://azweb.statemedicaid.us.**

Reminder – Behavioral Health transport is covered by ADHS unless it is ALTCS.

MEDICAL DOCUMENTATION REQUIREMENTS

Medical review is a function of the AHCCCS Claims Department and is performed to determine if services were provided according to AHCCCS policy, particularly related issues of medical necessity and emergency services. Medical review also is performed to audit appropriateness, utilization, and quality of the service provided

While it is impossible to offer specific guidelines for each situation, the table below is designed to give providers some general guidance regarding submission of documentation. Not all Fee-for-Service claims submitted to AHCCCS are subject to Medical Review.

CMS 1500 Claims		
Billing For	**Documents Required**	**Comments**
Surgical procedures	History and physical, operative report	
Missed abortion/ Incomplete abortion Procedures (all CPT codes)	History and physical, ultrasound report, operative report, pathology report	Information must substantiate fetal demise.
Emergency room visits	Emergency room record	Billing physician's signature must be on ER record
Anesthesia	Anesthesia records	Include begin and end time
Pathology	Pathology reports	
E&M services	Progress notes, History and physical, office records, discharge summary, consult reports	Documentation should be specific to code billed
Radiology	X-ray/Scan reports	
Medical procedures	Procedure report, history and physical	Examples: Cardiac catheterizations, Doppler studies, etc.
UB-92 Claims		
Billing for	**Documents Required**	**Comments**
Observation	All documents required by statute and observation records	If labor and delivery, send labor and delivery records
Missed abortion/Incomplete abortion	All documents required by statute, ultrasound report, operative report, pathology report	Information must substantiate fetal demise
NICU/ICU tier claims	All documents required by statute	MD orders and MD progress notes to substantiate level of care billed
Outlier	All documents required by statute	

Providers should *not* submit the following documentation unless specifically requested to do so:

☑ Emergency admission authorization forms

☑ Patient follow-up care instructions

☑ Nurses notes

☑ Blank medical documentation forms

- ☑ Consents for treatment forms
- ☑ Operative consent forms (Exception: bilateral tubal ligation and hysterectomy)
- ☑ Ultrasound/X-ray films
- ☑ Medifax information
- ☑ Nursing care plans
- ☑ Medication administration records (MAR)
- ☑ DRG/Coding forms
- ☑ Medical documentation on prior authorized procedures/hospital stays
- ☑ Entire medical records

It is expected that certain E&M codes such as 99291 (Critical care, evaluation and management) and 99231-99233 (Subsequent hospital care) will frequently fail the near duplicate edit because it is feasible that a recipient could be seen by more than one provider on the same day. However, each provider must submit documentation substantiating the necessity for his or her services.

Remember to send complete records when required. There is no need to include clerical data as it is irrelevant in determining medical appropriateness or emergency criteria.

VACCINES FOR CHILDREN (VFC) PROGRAM

As a reminder, providers who bill for administration of vaccines under the federal Vaccines for Children (VFC) program must bill the appropriate CPT code for the immunization with "SL" (state supplied vaccine) modifier.

Under the VFC program, providers are paid a capped fee for administration of vaccines to recipients 18 years and younger. Because the vaccine is made available to providers free of charge, the must NOT bill for the vaccine itself. Providers must not use the immunization administration CPT codes of 90471, 90472, 90473 and 90474 when billing under the VFC program. An ***updated listing*** of vaccines covered under the VFC program is included on the following page for your reference. This information will also be updated in the Fee for Service Provider Manual and the IHS/Tribal Provider manual available via the AHCCCS website.

It is important to note that CPT code 90715's description per AMA is listed "….for use in individuals 7 years and older", however the FDAS's description states. "…for children 10 years and older." AHCCCS is following the FDA description for age.

The following CPT codes were **excluded effective 6/1/2006;**

- 90646 – Hemophilius influenza b vaccine (Hib), PRP-D conjugate, for booster use only
- 90698 – Diphtheria, tetanus toxoids, acellular pertussis vaccine, hemophilius influenza b and poliovirus vaccine, inactivated (DTap-Hib-IPV), intramuscular use only)

The following CPT codes were **excluded effective 7/1/2006;**

- 90634 – Hepatitis A vaccine, pediatric/adolescent dosage – 3 dose schedule
- 90645 – Pneumococcal conjugate vaccine, polyvent, for children under 5 years of age
- 90659 – Influenza virus vaccine, whole virus, for intramuscular or jet injection use
- 90701 – Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP)
- 90720 – Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and hemophilius influenza B vaccine (DtaP-Hib)
- 90747 – Hepatitis B vaccine, dialysis or immunosupressed patient dosage, 4 dose schedule

VACCINES COVERED UNDER THE VACCINES FOR CHILDREN (VFC) PROGRAM

90633	Hepatitis A vaccine, pediatric/adolescent dosage-2dose schedule
90647	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule)
90648	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule)
90655	Influenza virus vaccine, split virus, preservative, for children 6-35 months of age, for intramuscular use
90656	Influenza virus vaccine, split virus, preservative, for use in individuals 3 years and above, for intramuscular use
90657	Influenza virus vaccine, split virus, 6-35 months dosage (covered under VFC only for high-risk children)
90658	Influenza virus vaccine, split virus, 3 years and above (covered under VFC only for high-risk children)
90660	Influenza virus vaccine, live, for intranasal use
90669	Pneumococcal conjugate vaccine, polyvalent, for children under 5 years
90680	Rotavirus vaccine, pentavalent, 3 dose schedule, live for oral use
90700	Diphtheria, tetanus toxoids, and acellular pertussis (DTaP)
90702	Diphtheria and tetanus toxoids (DT) absorbed
90707	Measles, mumps and rubella virus vaccine (MMR)
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live for subcutaneous use
90713	Poliovirus vaccine, inactivated (IPV)
90714	Tetanus and diphtheria toxoids (Td) absorbed, preservative free, 7 years or older, IM
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), 10 years or older, IM
90716	Varicella virus vaccine, live
90718	Tetanus and diphtheria toxoids (Td)
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilius influenza B vaccine (DtaP-Hib)
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Hepatitis B, and poliovirus vaccine, inactivated (DtaP-HepB-IPV)
90734	Meningococcal conjugate vaccine, serogroups A, C, and Y and W-135 (tetravalent), for IM use
90732	Pneumococcal polysaccharide, 23 valent
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule)
90743	Hepatitis B vaccine, adolescent (2 dose schedule)
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule)
90748	Hepatitis B and Hemophilus influenza b (HepB-Hib)

It is important to note that CPT code 90715's description per AMA is listed "….for use in individuals 7 years and older", however the FDA's description states, "for children 10 years and older." AHCCCS is following the FDA description for age.

(updated 10/2006)

CLAIM FORMS BEING REVISED TO ACCOMMODATE NPI

CMS has implemented a revised Form CMS-1500, which accommodates the reporting of the National Provider Identifier (NPI). This revised version will be effective January 1, 2007 but will not be mandated for use until April 2, 2007. Beginning January 1, 2007, AHCCCS providers may submit either current or revised version but EFFECTIVE APRIL 2, 2007 AHCCCS WILL ACCEPT ONLY THE REVISED VERSION OF THE CMS-1500.

The UB-92 claim form is also being revised to accommodate reporting of NPI. The UB-04 (new revised form) will be effective 4/1/2007. AHCCCS will accept either UB-92 or UB-04 version of this form until 5/23/2007, AT THAT TIME ONLY THE REVISED VERSION UB-04 WILL BE ACCEPTED BY AHCCCS.

ADA has also revised the Dental claim form to accommodate NPI. The version of this revised form becomes effective 1/1/2007. For additional information go to **www./ada.org/prof/resources/topics/claimform.asp.**

SELECTING ELECTRONIC PAYMENTS IS EASY AND CONVENIENT

AHCCCS has made it easy for providers to begin receiving electronic fee-for-service reimbursement. The electronic payment option processes payments using the Automated Clearing House (ACH) rather than issuing checks to providers.
The ACH payment method enables providers to receive reimbursement more quickly.
The Arizona Clearing House Association (ACHA) processes electronic payments directly to the provider's bank account through Bank of America, which functions as the state servicing bank.

BofA will make the electronic payment available to a provider's account one business day after the date AHCCCS transmits the ACH payments file to BofA. The ACH process offers several benefits to providers, including:

- Immediate availability of funds
- Fully traceable payments
- Elimination of mail and deposit delays
- Elimination of lost, stolen, or misplaced checks

To begin receiving ACH payments, a provider must complete Sections 2 and 3 of the ACH Vendor Authorization form.

This form is available on the AHCCCS website at **www.ahcccs.state.az.us**. Click on the links for Plans and Providers. On the Quick Links for Health Plans and Providers page, click on Forms, and then scroll down to the ACH Vendor Authorization Form. The provider's financial institution must complete Section 4 of the form.
Submit the form to:

AHCCCS Finance Dept
Mail Drop 5400
P O Box 25399
Phoenix, AZ 85002

AHCCCS Finance staff will complete Section 1 of the form to initiate the electronic payment process. AHCCCS will process its normal weekly fee-for-service payment cycle and transmit the ACH payment data to BofA, which will transmit the information to AHCHA. On the settlement date of the electronic payment, the provider's financial institution will credit the provider's individual account.
Providers who have questions should call (602) 417-4052 or (602) 417-4543.